

QUICK REFERENCE GUIDE

Improving outcomes for patients with asthma in primary care and healthcare systems goes beyond adding more medication



Despite advances in medicine, patients with asthma are still suffering. Up to 56% of children and 63% of adults have uncontrolled asthma¹

Are your patients with asthma at risk?

A work group of 11 experts in multidisciplinary fields developed The Allergy and Asthma Task Force Recommendations to identify patients with asthma who are of highest priority for allergy evaluation in primary care. The recommendations include:



Who is of the highest priority for inhalant allergen testing



How to integrate inhalant allergen testing and allergic trigger management into daily practice



What payers and health systems can do to achieve better asthma outcomes

This guide provides an overview of those recommendations.



To get the full recommendations, click here

Accurately identifying allergic triggers is a simple yet effective way to reduce risk to patients and healthcare systems.²

STEP 1: Identify patients with allergic components of asthma³

The Allergy and Asthma Task Force identified which patient populations carry the greatest asthma burden and should take priority in being tested.



BURDEN AND RISK

Those with high asthma burden or high risk despite ongoing treatment, such as severe exacerbation requiring hospitalization or >2 ED visits

{See Figure 7 on page S11}



YOUNG CHILDREN

Young children with recurrent coughing/wheezing symptoms or a history of: atopic dermatitis, allergic rhinitis, and parental asthma history

{See Figure 7 on page S11}

“2”

UNCONTROLLED SYMPTOMS

Patients experiencing uncontrolled symptoms while on therapy such as: breaking the Rules of Two[®], >2 days/week of disruptive symptoms or quick relief inhaler use

{See Figure 7 on page S11}

*Rules of Two[®] is a registered trademark of Baylor Health Care System.

STEP 2: Identify and address allergen exposure in daily practice

Incorporating allergen testing is more than ordering the test—it is a part of the asthma disease management pathway.



ASSESSMENT⁴

Use the tools available to help evaluate poorly controlled asthma: Asthma APGAR Plus, Asthma Control Test, and Asthma Therapy Assessment Questionnaire

{See Figure 6 on page S10}



TESTING²

Incorporate testing into asthma disease-management by employing either of the two readily available methods to assess allergic sensitizations: specific IgE blood testing or skin-prick testing

{See Figure 6 on page S21}



PATIENT ENGAGEMENT:²

Counsel patients on practical measures to aid in a successful management plan at an appropriate literacy level: self-assessment, targeted environmental control measures, and new technologies

{See page S22}

History is not enough – critical triggers can be missed.²

STEP 3:

A significant opportunity for payers and healthcare systems

Using big data, or electronic population health data, and basing identification on adverse outcomes can help improve compliance within the triple aim.

{See page 30 for a large integrated health network's results in closing the asthma care gap}

DELIVERING VALUE

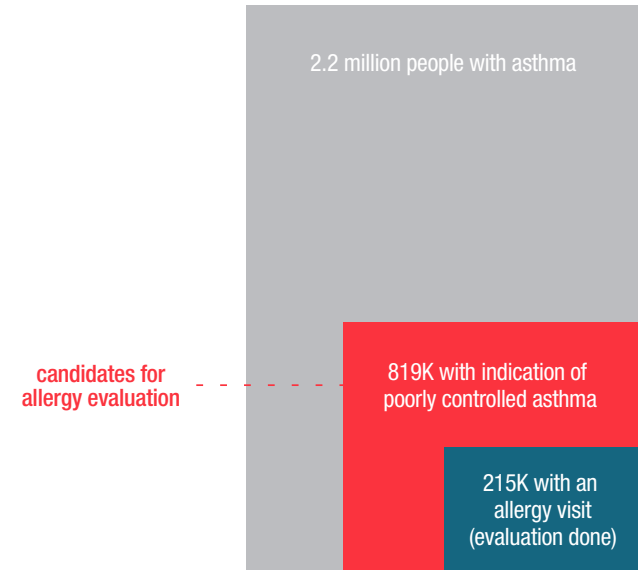
Investing in patient education about trigger avoidance can impact savings. A single case of uncontrolled asthma can cost \$5,963 a year—**double** the cost for a patient whose asthma symptoms are controlled.⁵

DEVELOPING QUALITY METRICS

Process and outcome metrics factor clearly in the analysis of when to do allergy trigger testing. Existing metrics measure medication use, which is important, but other components to asthma care should be considered.

USING DATA TO IDENTIFY CANDIDATES FOR ALLERGY EVALUATION

{see Figure 2 on page S27}



With buy-in from payers, ACOs, and healthcare systems, allergy evaluation and trigger management for patients with asthma can:



Improve quality of life for patients



Improve clinical care and lower costs



Reduce the asthma burden



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SCIENTIFIC

1. Yawn BP, Rank MA, Cabana MD, Wollan PC, Juhn YJ. Adherence to asthma guidelines in children, tweens, and adults in primary care settings: a practice-based network assessment. *Mayo Clinic Proc.* 2016;91(4):411-421. 2. National Asthma Education and Prevention Program (NAEPP). Guidelines for the diagnosis and management of asthma (EPR-3). www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/full-report. Accessed June 28, 2018. 3. Yawn BP, Wollan PC, Rank MA, Bertram SL, Juhn Y, Pace W. Use of asthma APGAR tools in primary care practices: a cluster-randomized controlled trial. *Ann Fam Med.* 2018;16(2):100-110. 4. Smith HE, Hogger C, Lallemand C, Crook D, Frew AJ. Is structured allergy history sufficient when assessing patients with asthma and rhinitis in general practice? *J Allergy Clin Immunol.* 2009;123(3):646-650. 5. Sullivan SD, Rasouliyan L, Russo PA, Kamath T, Chipps BE; TENOR Study Group. Extent, patterns, and burden of uncontrolled disease in severe or difficult-to-treat asthma. *Allergy.* 2007;62(2):126-133.

allergy &
autoimmune disease

More information available at
allergyaidiagnostics.com